

CARRIER PROFILE

Instructions: Please complete this form to insist us in dispatching for you. This form can be updated at any time by simply contacting your Logistics/Dispatch Specialist. This information is for Office-use only and will not be released to any third party without your permission.

PART 1: CARRIER INFOR	MATION SECTION	<u>I</u>		
COMPANY:	DBA (If Any):			
PHYSICAL ADDRESS:		CITY:	STATE:	ZIP:
MAILING ADDRESS:		CITY:	STATE:	ZIP:
MAIN CONTACT:		E-MAIL:		
OFFICE PHONE:	F <i>F</i>	AX:C	ELL PHONE:	
EMERGENCY CONTACT:		EMER		
PART 2: EQUIPMENT TY	PES			
		53' REEFERS:		
		ALREADY SET UP/APPRO		
	DICDA	TCH CDECIEIC	ATIONS:	
	DISPA	TCH SPECIFIC	ATIONS.	
Please give us your minimu give us a starting point.	um cents per mile in	formation. We understand	that many factors will chan	ge this information, b
CENTS (\$) PER MILE:	MAX PICKS/PI	CK UPS: MAX DEL	IVERIES:DRIVER	TOUCH (Y/N):
	Mountains? (Y/N)	TOLLS? (Y/N)	Weight Limit	
	Areas of USA	you like to travel (ZONES) –	Please circle all that apply	
		Northeast (NY, NJ, CT, RI, N	MA MF etc.)	
		Midwest (MI, OH, KY, IN,	The state of the s	
		Southeast (FL, GA, LA,		
		Southwest (TX, NM	*	
		West (CA, AZ, OR, NV,	ID, etc.)	
COMMENTS:				
COMMINICATION.				

Note: Max Picks denotes maximum pickups from Shippers. Max Drops denotes maximum deliveries to Receivers.